mPINC

CDC Survey of
Maternity Practices in Infant Nutrition and Care

2013 Survey

Maryland Results Report

What is the mPINC Survey?

The Maternity Practices in Infant Nutrition and Care (mPINC) Survey is a national survey from the Centers for Disease Control and Prevention (CDC) that assesses infant feeding care processes, policies, and staffing expectations in maternity care settings.

What is in this report?

This report summarizes results from all Maryland facilities that participated in the 2013 mPINC Survey and identifies opportunities to improve mother-baby care at hospitals and birth centers and related health outcomes throughout Maryland.

Who participates in the mPINC survey?

All hospitals with maternity services and all free-standing birth centers in the United States are invited to participate in CDC's mPINC survey every two years.

Maryland's mPINC Score: 76

In Maryland, 82% of 34 eligible facilities participated in CDC's 2013 mPINC Survey.

Maryland Highlights: Strengths

Availability of Prenatal Breastfeeding Instruction Most facilities (93%) in Maryland include breastfeeding education as a routine element of their prenatal classes.	Prenatal education about breastfeeding is important because it provides mothers with a better understanding of the benefits and requirements of breastfeeding, resulting in improved breastfeeding rates.
Provision of Breastfeeding Advice and Counseling Staff at 89% of facilities in Maryland provide breastfeeding advice and instructions to patients who are breastfeeding, or intend to breastfeed.	The American Academy of Pediatrics (AAP) recommends pediatricians provide patients with complete, current information on the benefits and methods of breastfeeding to ensure that the feeding decision is a fully informed one. Patient education is important in order to establish breastfeeding.

Maryland Highlights: Opportunities for Improvement

Appropriate Use of Breastfeeding Supplements Only 25% of facilities in Maryland adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water, or water.	The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) Guidelines for Perinatal Care recommend against routine supplementation because supplementation with formula and/or water makes infants more likely to receive formula at home and stop breastfeeding prematurely.
Inclusion of Model Breastfeeding Policy Elements Only 25% of facilities in Maryland have comprehensive breastfeeding policies including all model breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM).	The ABM model breastfeeding policy elements are the result of extensive research on best practices to improve breastfeeding outcomes. Facility policies determine the nature of care that is available to patients. Facilities with comprehensive policies consistently have the highest rates of exclusive breastfeeding, regardless of patient population characteristics such as ethnicity, income, and payer status.
Initiation of Mother and Infant Skin-to-Skin Care Only 46% of facilities in Maryland initiate skin-to-skin care for at least 30 minutes upon delivery of the newborn.	Upon delivery, the newborn should be placed skin-to-skin with the mother and allowed uninterrupted time to initiate and establish breastfeeding in order to improve infant health outcomes and reduce the risk of impairment of the neonatal immune system from unnecessary non-breast milk feeds.
Provision of Hospital Discharge Planning Support Only 25% of facilities in Maryland provide hospital discharge care including a phone call to the patient's home, opportunity for follow-up visit, and referral to community breastfeeding support.	The American Academy of Pediatrics (AAP) clinical practice guidelines recommend examination of the newborn by a qualified health care professional within 48 hours of hospital discharge in order to assess breastfeeding. Ensuring post discharge ambulatory support improves breastfeeding outcomes.

National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition, Physical Activity, and Obesity

Breastfeeding **is a public health priority.**

mPINC

Breastfeeding is associated with decreased risk for infant morbidity and mortality as well as maternal morbidity,[1] and provides optimal infant nutrition. *Healthy People 2020*[2] establishes breastfeeding initiation, continuation, and exclusivity as national priorities.

Changes in maternity care practices improve breastfeeding rates.

There are many opportunities to protect, promote, and support breastfeeding in Maryland. Opportunities such as those listed below can help Maryland bring ideal maternity care practices to *all* Maryland hospitals.

Change opportunities:

- Examine Maryland regulations for maternity facilities and evaluate their evidence base.
- Sponsor a Maryland-wide summit of key decision-making staff at maternity facilities to highlight the importance of evidence-based practices for breastfeeding.
- Encourage and support hospital staff across Maryland to be trained in providing care that supports mothers to breastfeed.
- Establish links among maternity facilities and community breastfeeding support networks in Maryland.
- Implement evidence-based practices in medical care settings across Maryland that support mothers' efforts to breastfeed.
- Integrate maternity care into related hospital-wide Quality Improvement efforts across Maryland.
- Promote utilization of the Joint Commission's Perinatal Care Core Measure Set including exclusive breast milk feeding at hospital discharge in Maryland hospital data collection systems.

Questions about the mPINC survey?
Information about the mPINC survey, results, reports, scoring, and history is at: www.cdc.gov/mpinc

For more information:
Centers for Disease Control and Prevention
Division of Nutrition, Physical Activity, and Obesity
Atlanta, GA USA

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Maryland's 2013 Survey Results

76 Maryland's State mPINC **Score** (out of 100)*

Maryland's State mPINC **Rank** (out of 53)† **24**

mPINC Care Dimension	Care Dimension Subscore*	Ideal Response to mPINC Survey Question	Percent of MD Facilities with Ideal Response	Item Rank†
Labor and Delivery Care	76	Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	46	52
		Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	58	29
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	50	51
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	54	35
		Routine procedures are performed skin-to-skin	19	50
Feeding of Breastfed Infants	86	Initial feeding is breast milk (vaginal births)	79	29
		Initial feeding is breast milk (cesarean births)	69	32
		Supplemental feedings to breastfeeding infants are rare	25	24
		Water and glucose water are not used	89	25
Breast-feeding Assistance	88	Infant feeding decision is documented in the patient chart	96	---
		Staff provide breastfeeding advice & instructions to patients	89	37
		Staff teach breastfeeding cues to patients	82	38
		Staff teach patients not to limit suckling time	56	26
		Staff directly observe & assess breastfeeding	79	46
		Staff use a standard feeding assessment tool	75	21
		Staff rarely provide pacifiers to breastfeeding infants	50	22
Contact Between Mother and Infant	78	Mother-infant pairs are not separated for postpartum transition	75	25
		Mother-infant pairs room-in at night	89	20
		Mother-infant pairs are not separated during the hospital stay	46	23
		Infant procedures, assessment, and care are in the patient room	8	26
		Non-rooming-in infants are brought to mothers at night for feeding	85	38
Facility Discharge Care	63	Staff provide appropriate discharge planning (referrals & other multi-modal support)	25	36
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	82	15
Staff Training	63	New staff receive appropriate breastfeeding education	19	22
		Current staff receive appropriate breastfeeding education	27	24
		Staff received breastfeeding education in the past year	61	24
		Assessment of staff competency in breastfeeding management & support is at least annual	61	26
Structural & Organizational Aspects of Care Delivery	80	Breastfeeding policy includes all 10 model policy elements	25	27
		Breastfeeding policy is effectively communicated	89	6
		Facility documents infant feeding rates in patient population	79	24
		Facility provides breastfeeding support to employees	86	5
		Facility does not receive infant formula free of charge	25	24
		Breastfeeding is included in prenatal patient education	93	---
		Facility has a designated staff member responsible for coordination of lactation care	89	3

* Quality Practice scores range from 0 to 100 for each question, dimension of care, facility, and state. The highest, best possible score for each is 100. Each facility and state's "Total Score" is made up of subscores for practices in each of 7 dimensions of care.

† Ranks range from 1 to 53, with 1 being the highest rank. In case of a tie, both are given the same rank. State ranks are not shown for survey questions with 90% or more facilities reporting ideal responses.

References

[1] Ip S, Chung M, Raman G, et al. Breastfeeding and maternal and infant health outcomes in developed countries. Rockville, MD: US Dept of Health and Human Services, Agency for Healthcare Research and Quality; 2007.

[2] US Dept of Health and Human Services. Healthy People 2020 Summary of Objectives: Maternal, Infant, and Child Health. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/MaternalChildHealth.pdf

[3] DiGirolamo AM, Grummer-Strawn LM, Fein S. Effect of maternity care practices on breastfeeding. Pediatrics 2008;122, Supp 2:S43-9.

[4] Fairbank L, O'Meara S, Renfrew MJ, Woolridge M, Snowden AJ, Lister-Sharp D. A systematic review to evaluate the effectiveness of interventions to promote the initiation of breastfeeding. Health Technology Assessment 2000;4:1-171.